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**APPLICANTS**

Wilhelmus Hendrikus Alfonsus Bruls, Eindhoven, NETHERLANDS;  
 Leonardo Camiciotti, Firenze, ITALY;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature	Initials PHC				

**ADDRESS**

U.S. Philips Corporation  
 580 White Plains Road  
 Tarrytown ,NY 10591

**TITLE**

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